Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	L'Arche Ireland - Dublin
Name of provider:	L'Arche Ireland
Address of centre:	Dublin 13
Type of inspection:	Unannounced
Date of inspection:	27 July 2021
Centre ID:	OSV-0003418
Fieldwork ID:	MON-0032974

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

L'Arche Dublin is a community based service in Co. Dublin providing care and support for nine residents over 18 with an intellectual disability. The centre is located close to the centre of a seaside town. The centre comprises of three houses in close proximity of each other. The first house consists of 10 bedrooms, two of which are ensuite. It also contains two offices, a living room, sun room, kitchen come dining room, living room, pantry, laundry room, visitor's room, two bathrooms with bath and shower facilities. There is a large front and back garden with two wooden structures used as an office and an art room/training room. The second house is close to the first and contains seven bedrooms, four bathrooms, a living room, kitchen/dining room, laundry and office. There is also a back garden with a building which is used for visitors. Both houses are close to a variety of local amenities such as shops, pubs and churches. The third house has three bedroms, a bathroom, kitchen and sunroom. There are good local transport links close to the centre and residents have access to vehicles in the centre to support them to access activities and venues in line with their wishes. Residents are supported on a 24 hour basis by a staff team consisting of a person in charge, deputy team leaders, nursing staff, social care workers and volunteers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 27 July 2021	9:30 am to 5:15 pm	Marie Byrne	Lead
Tuesday 27 July 2021	9:30 am to 5:15 pm	Sarah Mockler	Support

What residents told us and what inspectors observed

Overall the inspectors of social services found that residents were being supported to enjoy a good quality of life and that the provider was ensuring they were in receipt of a good quality and safe service. From what inspectors observed, were told, and viewed in documentation, there was evidence of a person-centred and human rights-based approach to the delivery of services in this centre. Residents were consulted with in relation to the day-to-day running of the centre and playing an active role in their home. They were being supported to make choices and spend their time engaging in activities they enjoyed. Their independence was promoted and encouraged and their talents were encouraged and celebrated.

For the most part, the provider was found to be self-identifying areas of improvement and putting action plans in place to bring about the required improvements. For example, their latest annual review and six monthly provider visits were picking up on the necessary works to the premises, to requirement to recruit to fill the staffing vacancies, and on the need to ensure the staff team were accessing the necessary training and refresher trainings. Further areas for improvement identified during this inspection relating to the completion of fire drills and documentation relating to the use of restrictive practices will be detailed later in this report.

In response to concerns relating to safeguarding in one of the houses in May 2021 the provider had submitted an application to vary the registration of the designated centre to afford one of the residents the opportunity to move to a different house within the centre. There were three houses in the centre and the largest house could accommodate up to six residents, the second up to three residents, and the third up to two residents. At the time of this inspection there were eight residents living in the centre and one resident was in the process of transitioning into the centre. They were spending some time in their family home and some time in the designated centre.

In line with public health guidance during the COVID-19 pandemic and in respecting residents' wishes to continue with their day as planned, inspectors did not spend extended periods with them. Inspectors met and briefly engaged with five residents during the day. They used observations, discussions with residents, discussions with staff and a review of documentation to get a picture of what life is like for residents in the centre.

On arrival, the inspectors were met by one resident who was smiling and appeared very excited. They were just getting ready to go on holidays to a hotel down the country for a few nights with staff, and they were really looking forward to it. During the day inspectors observed residents spending time in their preferred spaces in their homes. This included, spending time in their bedrooms, sitting at the kitchen table chatting and having their meals and snacks, spending time in their garden,

listening to music or watching television.

One resident talked to inspectors about how busy they were and about some of the things they liked to do. They talked about all the times they had gone on foreign holidays and how supportive staff were in helping them to arrange and go on some of these holidays. They talked about their plans to go on a plane within Ireland this summer and talked about getting a new suitcase and clothes for their trip. They also told inspectors how important their family were to them and discussed an upcoming family celebration.

A number of residents attended day services in different organisations and some residents were supported to take part in activities they enjoyed in their own home. In one of the houses a resident was a member of the local "men's shed" group and there was a bench at the front of their home with their name on it, which had been made in the "men's shed".

Staff who spoke with inspectors were knowledgeable in relation to residents' likes, dislikes, and support needs. They were motivated to ensure that each resident was living their best life, contributing to the running of their home, and part of their local community. Residents were observed to be comfortable in the presence of staff and inspectors observed kind, caring and respectful interactions throughout the inspection. There was also a student on placement, and a number of volunteers living and working in the centre. Inspectors were informed that volunteers usually stayed for on average a year, but that some stayed longer. Some were studying or taking gap years and inspectors were told they each brought their own strengths and areas of expertise, and contributed in their own way to residents' lives. For example, one volunteer was working with residents to propagate and sew seeds and plants in their garden.

The three premises were found to be designed and laid out to meet the number and needs of residents in the centre. Residents had access to sufficient private and communal spaces and storage for their personal belongings. Residents' bedrooms were decorated in line with their preferences and there was art work and photos on display throughout the houses. They had access to large gardens each of which had seating, planting and some fruit trees and fruit bushes. One of the gardens had swings, a BBQ, raised beds for planting vegetables, and a glass house.

Residents and their representatives' experience of the service were sought as part of the centre's annual review. This review had just been completed in the centre and questionnaires had been distributed. As the review was so recent this information had not been collated at the time of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the service's quality and safety.

Capacity and capability

This inspection was completed to monitor the centre's ongoing levels of compliance with the regulations. Inspectors found the centre to be well run and that there were good levels of compliance with the regulations. For some regulations reviewed the centre met and exceed the requirements of the regulations. Inspectors found that the provider was seeking out ways to continuously improve the quality of their service and outcomes for residents.

The were management systems in place to ensure services provided were safe and appropriate to meet residents' needs. There was good use of resources to ensure the best possible care and support for residents. The managements systems in place were leading to the easy retrieval of information and the quick identification of any trends in relation to incidents. As a result the provider was appropriately reacting to situations such as safeguarding and residents' changing needs in a timely and appropriate manner. The provider carried out an annual review of the safety and quality of care and support for residents and six monthly visits in the centre. As previously mentioned, they were identifying areas for improvements and proactively driving improvements.

Inspectors found that the person in charge and staff team were highly motivated to achieve positive outcomes for residents. As previously mentioned, residents were supported by a staff team consisting of paid employees and a number of volunteers. It was evident through discussions and a review of documentation that the focus of the staff team was on ensuring residents were happy, safe and busy taking part in activities they enjoyed and found meaningful. Considerable effort had been made by the team during the pandemic to identify more home-based activities for residents to sample and engage in should they so wish. Now that restrictions relating to the pandemic were lifting it was evident that residents were again engaging in activities they had previously enjoyed in their local community.

At the time of the inspection there were two staff vacancies and the provider was in the process of recruiting to fill these. The provider had received some applications and a number of interviews were scheduled. The provider had a staff relief panel in place was also planning to further recruit to increase this panel. Inspectors found that rosters required review to ensure that staff's second names and roles were clear, and to demonstrate that the skill mix in the centre was suitable at all times to meet residents' needs. In line with staffing vacancies, there had been times where staffing levels were not at the level identified by the provider as optimal to meet residents' support needs. On occasion, the on-call management supports were contacted and provided on-site support.

There were arrangements in place to ensure staff exercise their personal and professional responsibility for the quality and safety of care and the service they are delivering. Inspectors reviewed documentation in the centre to demonstrate that when staff members had concerns in relation to residents' care and support or the day-to-day running of the centre, these were raised, documented and appropriately followed up on. There was regular formal supervision in place for staff and volunteers. During these meetings staff and volunteers strengths were highlighted,

areas for further development were discussed, and actions to support them were identified.

Staff meetings were occurring regularly and discussions at these meetings mostly related to residents' lived experience in the centre and anything that may impact this. Safeguarding, incidents and learning, complaints, and updates in relation to the centre or the organisation were regularly discussed at these meetings. Information shared at these meetings was being used to improve service provision.

Regulation 15: Staffing

As previously mentioned there were two staff vacancies and the provider was in the process of recruiting to fill these. It was evident that every effort had been made by the provider to ensure that residents were in receipt of continuity of care and support. There was a relief panel in place and times during the pandemic when staff were on unplanned leave, the on-call managers provided on-site support.

Improvements were required to staff rosters to demonstrate that the appropriate skill mix of staff was in place at all times to support residents. The second name and role of staff was not included on rosters reviewed in the centre.

The provider was regularly auditing schedule 2 files for the staff team. Inspectors reviewed a sample and found that they contained the information required by the regulations.

Judgment: Substantially compliant

Regulation 16: Training and staff development

For the most part, staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. However, in line with the findings of the provider's own audits and reviews a number of staff required training or refresher training in areas such as managing behaviour that is challenging, manual handling, and in the use of equipment relating to emergency evacuations in the centre. Inspectors acknowledge that some of these trainings were booked for staff.

The person in charge and house leaders were completing regular and effective supervision meetings with each staff member and open and supportive communication was promoted within the team.

Judgment: Substantially compliant

Regulation 23: Governance and management

The quality of care and experience of residents was being monitored and developed on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities and how to escalate any concerns they may have.

The centre was managed by a suitably qualified, skilled and experienced person in charge. The centre was well run and there were effective systems in place such as trackers to show what audits and reviews were due, and to document when they were completed. These audits included a review of; policies and procedures, the centre's statement of purpose and residents' guide, residents' personal emergency evacuation plans, residents' assessments and personal plans, complaints, resident and house finances, and infection prevention and control. Regular staff meetings were occurring and these were found to be resident focused with evidence of shared learning at these meetings.

Judgment: Compliant

Regulation 30: Volunteers

Inspectors reviewed a sample of volunteers files in the centre and found that they each contained their roles and responsibilities in writing and Garda vetting.

They had a supervision agreement in place and were in receipt of regular formal supervision. There was an on-call system in place to ensure they had access to support 24 hours a day, seven days a week.

They had completed training's in line with those completed by paid employees in the organisation and were in receipt of a thorough induction when they started in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified of all the required information in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were protected by the complaints policies, procedures and practices in the centre. There was a nominated complaints officer and systems in place to document and follow up on complaints. A complaints log was maintained and plans were in place to work with staff to ensure they were recognising and recording compliments and informal complaints.

Judgment: Compliant

Quality and safety

Inspectors found that the governance and management arrangements in the centre were ensuring that residents were in receipt of a good quality, person-centred and safe service. The person in charge and staff team were aware of residents' interests, wishes and capacities. As previously mentioned, the provider was responding to areas that could be further developed such as the upkeep of the premises. Inspectors also found that improvements were required in relation to the completion of fire drills in the centre and documenting residents' input in relation to their positive behaviour support plans and their consent in relation to the use of restrictive practices.

Residents lived in a warm, clean and comfortable homes. As previously mentioned, some improvements were required in relation to the maintenance and upkeep of premises in the centre. Inspectors acknowledge that a number of improvements were required in relation to the premises since the last inspection. For example, significant renovations and works had been completed to one of the premises, painting and decorating had been completed in a number of the houses, works had been completed to the front driveway of two of the premises, new front doors were fitted to two premises, and the external walls of two premises had been painted. However, a number of works remained outstanding such as painting and decoration, works to a number of floors, and the refurbishment of a number of bathrooms.

Residents were protected by the risk management policies, procedures and practices in the centre. The provider's risk management policy contained the required information and there was a risk register which was being regularly reviewed and updated in line with learning from incidents and residents' changing needs. General and individual risk assessments were also developed and reviewed as required.

Residents were also protected by the polices, procedures and practices relating to infection prevention and control. There were contingency plans in place for use

during the pandemic and staff had completed a number of additional infection prevention and control courses. There were cleaning schedules in place and access to stocks of personal protective equipment (PPE).

There was suitable fire equipment which was being regularly serviced. There were adequate means of escape and emergency lighting in place. Residents had personal emergency evacuation plans in place which detailed any supports they may require to safely evacuate the centre in the event of an emergency. While fire drills had occurred in the centre, it was not evident that they were being completed at suitable intervals and this will be detailed later in the report.

The provider was found to be adequately safeguarding residents, promoting their welfare, promoting their good health and supporting them with their personal development. There was a policy on residents' personal property and finances and residents were supported to manage their finances and keep their possessions safe. The provider was recognising, reporting and appropriately following up on safeguarding concerns. They were developing and reviewing safeguarding plans, and implementing the control measures developed in these plans.Personal plans were found to be detailed, person-centred, informed by best available evidence and written in a manner that highlighted residents strengths and talents. Residents' assessments and personal plans reviewed were found to be reflective of their care and support needs and to be clearly guiding staff practice. Residents were being supported to enjoy best possible health. They had their healthcare needs assessed, had care plans in place and were accessing health and social care professionals in line with their assessed needs. They were also being supported to access National Screening programmes in line with their assessed needs and age profile.

The inspectors reviewed a sample of residents' support plans relating to their positive behaviour support needs. To support staff in the delivery of effective positive behaviour strategies, there were a range of documents available including policies and procedures and risk assessments. Due to the specific assessed needs of some residents there were a small number of restrictive practices in place. There was evidence to indicate that the restrictive practices were put in place following the failure of other strategies to help keep the residents safe. Restrictive practices were reviewed on a regular basis and a log of restrictive practices was kept up-to-date. However, there was limited evidence to indicate if the residents had been consulted with during the development and review of their behaviour support plans, including the use of restrictive practices.

Regulation 12: Personal possessions

Residents' personal possessions were respected and protected in the centre. Residents were being supported to retain control over their personal property and possessions, to manage their financial affairs and to manage their laundry.

Residents were encouraged and supported to make decisions about how their rooms

are decorated, if they so wished.

Judgment: Compliant

Regulation 17: Premises

As previously mentioned residents lived in a warm, clean and comfortable homes, which were designed and laid out to meet their needs.

The provider had completed a number of works in the premises; however, a number of further planned improvements remained outstanding at the time of this inspection. These included areas such as; painting and decoration, works to a number of floors, and the refurbishment of a number of bathrooms.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents were protected by the risk management policies, procedures and practices in the centre. The provider had updated the risk management policy which contained the information required by the regulations.

Arrangements were in place to ensure control measures were relative to identified risks. Arrangements were also in place to identify, record, investigate and learn from incidents in the centre. There were also systems in place to respond to emergencies, and reasonable measures in place to prevent accidents.

Systems were in place to ensure that the three vehicles in the centre were regularly serviced, insured, roadworthy and suitable equipped.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control polices, procedures as practices in the centre. Contingency plans had been developed during the pandemic and the staff team were completing regular infection prevention and control audits.

There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned. There were stocks of PPE available and systems in place for stock

control. Staff had completed a number of additional infection prevention and control related trainings during the pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment provided and it was serviced as required. There were adequate means of escape and emergency lighting in place. The procedure for the safe evacuation of the centre in the event of an emergency was available and on display. Residents had personal emergency evacuation plans which clearly guided staff in relation to any support they may require to safely evacuate the centre.

Although fire drills were occurring, there was insufficient evidence to indicate if fire drills were occurring on a frequent enough basis to reflect the different possible scenarios that may occur in the event of an emergency. The centre had residents with complex mobility needs and a frequent turnover of volunteers, this would indicate that regular fire drill practice was essential to ensure fire evacuation procedures were applied in practice.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

An assessment of need was completed for residents that informed a person-centred care plan. It was evident that staff within the service worked with the residents to identify their strengths, needs and life goals which resulted in residents engaging in meaningful activities and goals.

Plans were reviewed on a regular basis and the service utilised other means to conduct these reviews during the pandemic to ensure public health advice was adhered to.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was being made available for all residents within the service, including residents with significant complex needs.

Residents were supported by staff and nurses to access a range of allied

professionals and specific medical supports. Although no resident had yet refused medical treatment, staff were aware of what to do in this instance and the importance of consulting with the residents' General Practitioner.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents that required specific behaviour support strategies. There was evidence to indicate that restrictive practices were applied in line with national policy. However, there was limited evidence to indicate if the informed consent of residents, or their representative, had been given in terms of the use of restrictive practices.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were safeguarded because staff had an understanding of their role in adult protection. Appropriate policies and procedures were in place and staff had access to training to support them to carry out their roles and responsibilities to keep residents safe. Staff members spoken with were able to demonstrate knowledge of their roles and responsibilities in relation to suspicions or allegations of abuse. The service were responsive in relation to any incidents that occurred to ensure residents' safety was a priority at all times.

There were suitable practices in place to safeguard residents' finances. Records were maintained of residents' income and expenditure and receipts were maintained and regularly audits. The person in charge and team leaders were ensuring oversight by regularly spot checking and auditing residents' financial records.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for L'Arche Ireland - Dublin OSV-0003418

Inspection ID: MON-0032974

Date of inspection: 27/07/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment: The requirements have been read, understood and we are in a position to continue in compliance. At least, two new Full-Time members of staff are being sought. A recruitment drive has been running for a number of weeks. One person has been successful – pending Garda Clearance and other necessary pre induction checks. One other candidate is scheduled for interview mid-August (currently out of the country). Another individual has also been successful at interview (Polish Speaker Support) for our Relief Panel. Also, pending Garda Clearance and other necessary pre induction checks. The staff rosters will now detail First Name, Surname and Role in order for appropriate skill mix to be identified.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training and staff development: The requirements have been read, understood and we are in a position to continue in compliance. Staff required training or refresher training that is required has been scheduled.	

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The requirements have been read, understood and we are in a position to continue in compliance. Additional painting and decorating will be carried out as per maintenance log. Works to the wooden floor in the two houses (Seolta and Leoithne) will be carried out and attention will be given to the bathrooms that need refurbishment.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The requirements have been read, understood and we are in a position to move to compliance by the following action(s). Fire drills will occur more regularly (two to three times per year) in order to comply with standards and ensure that new staff, volunteers, and residents have firsthand and practical experience of what measures to take to ensure for all concerned. We will also ensure that drills will occur at alternative times during the day to reflect the different possible scenarios that may occur in the event of an emergency.

In addition, the above measures have been included into the PICs Annual Quality Audits spreadsheet checks.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The requirements have been read, understood and we are in a position to continue in compliance. Documenting residents' input in relation to their positive behaviour support plans more clearly and the discussion / consent in relation to the use of restrictive practices with them and their NOK will occur, when necessary, continue to be reviewed at the Management Team Meetings on a quarterly basis, and be highlighted at their reviews.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/09/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	16/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training,	Substantially Compliant	Yellow	10/09/2021

	as part of a continuous professional development programme.			
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/08/2021
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or	Substantially Compliant	Yellow	03/08/2021

	her representative, and are reviewed as part of the personal planning process.			